



#5

Cun

0300
#

SO981-RAKE (CONT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re The Application of:)
Richard E. Saffo, Sr.)
Serial No.: 10/052,898)
Filed: January 16, 2002)
For: APPARATUS FOR LEVELING)
AND SMOOTHING OF)
CONCRETE)

Examiner:

Art Unit: 3673

DISHONG LAW OFFICES
765 Greenville Rd.
Mason, NH 03048
October 28, 2003

CERTIFICATE OF MAILING under (37 CFR § 1.8)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being deposited with the United States Postal Service as First Class Priority Mail with sufficient postage on the date shown below in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kathleen Chapman
Kathleen Chapman

October 28, 2003
Date

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith for filing is a response to Notice to File Missing Parts dated October 6, 2003 for application Ser. No. 10/052,898. Enclosed with this Certificate of Mailing are the following materials:

- [X] Copy of Notice to File Missing Parts in two (2) pages;
- [X] Check # 5459 in the amount of \$450 for the continuation utility patent application Serial # 10/052,898 filing fee and late charge;
- [X] Replacement drawing for FIG. 9, in one sheet; and
- [X] Return receipt card.

Applicant is a small entity.

FEE FOR CLAIMS

3. The fee for claims is calculated as follows:

	(Col. 1)	(Col. 2)	(Col. 3)	Small Entity	ADDIT	OR	Other Entity	ADDIT
	CLAIMS REMAIN	HIGHEST # PREV.	PRESENT EXTRA	RATE	FEE		RATE	FEE
Total	19 ¹	Minus 20 ²	= 0	X \$9 =	\$0.00		X \$18.00 =	\$0.00
Ind.	2	Minus 3 ³	= 0	X \$42 =	\$0.00		X \$84.00 =	\$0.00
MD	0	0	= 0	X \$140 =	\$0.00		X \$280 =	\$0.00
Base filing fee				+\$385.00	\$0.00 385.00		+ \$740 =	\$0.00
Late fee				+\$65.00	\$65.00			
				Total	\$450.00	OR	Total	\$0.00

Notes:

¹If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

²If the "HIGHEST # PREV." (highest number of claims previously paid for) is less than 20, enter "20".

³If the "HIGHEST # PREV." is less than 3, enter "3".

[a] ☒ No additional fee is required OR

[b] ☐ Total additional fee required is \$0.00.

4. FEE PAYMENT

☒ Attached is a check # 5459 in the sum of \$450.00.

☐ Charge Account No. _____ the sum of \$ _____.

A duplicate of this transmittal is attached.

5. FEE DEFICIENCY

☐ If any additional extension fee is required, charge Acct. No. _____.

AND/OR

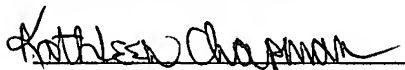
☐ If any additional fee for claims is required, charge Acct. No. _____.

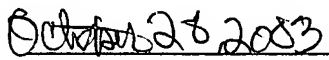
6. ☒ Also enclosed is: Replacement drawing, FIG. 9.

7. ☒ Also enclosed is a copy of the Notice to File Missing Parts.

8. ☒ Also enclosed is: A return receipt card.

Respectfully submitted,


 Kathleen Chapman, Esq.
 Attorney for Applicant; Reg. No. 46,094
 DISHONG LAW OFFICES
 765 Greenville Rd.
 Mason, NH 03048


 Date
 Voice: 603-878-4993; Fax: 775-218-4407
 e-mail: chapman1103@prexar.com